13-31248-hcm Doc#4 Filed 07/31/13 Entered 07/31/13 17:04:50 Main Document Pg 1 of 11

B 22C (Official Form 22C) (Chapter 13) (04/13)	According to the calculations required by this statement:
In re: Patricia Talamantes	▼ The applicable commitment period is 3 years.
	☐ The applicable commitment period is 5 years.
Case Number:	☐ Disposable income is determined under § 1325(b)(3).
oudo Humbon.	☑ Disposable income is not determined under § 1325(b)(3).
	(Check the hoves as directed in Lines 17 and 23 of this statement)

CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

		Part I. RE	PORT OF INC	OME							
		ital/filing status. Check the box that applies and			statement as direc	ted.					
	a. ☑ Unmarried. Complete only Column A ("Debtor's Income") for Lines 2-10. b. ☐ Married. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 2-10.										
	b. [s Income") for Lii	nes 2-10.						
		gures must reflect average monthly income receive	Column A	Column B							
1		ng the six calendar months prior to filing the bankru									
		e month before the filing. If the amount of monthly	Debtor's	Spouse's							
		ths, you must divide the six-month total by six, and ropriate line.	Income	Income							
_		·									
2		ss wages, salary, tips, bonuses, overtime, com			\$1,488.26						
		ome from the operation of a business, profession a and enter the difference in the appropriate colur									
		one business, profession or farm, enter aggregate									
3	an a	ttachment. Do not enter a number less than zero.	Do not include								
	bus	iness expenses entered on Line b as a deduction	on in Part IV.								
	a.	Gross receipts	\$0.00								
	b.	Ordinary and necessary business expenses	\$0.00	†							
	c.	Business income	Subtract Line b	from Line a	\$0.00						
	1 -	t and other real property income. Subtract Line			7000						
	diffe	rence in the appropriate column(s) of Line 4. Do n	ot enter a number l	ess than zero.							
		not include any part of of the operating expense	es entered on Line	b as a deduction							
4	in Part IV.										
	a. Gross receipts		\$0.00								
	b.	Ordinary and necessary operating expenses	\$0.00								
	C.	Rent and other real property income	Subtract Line b	from Line a	\$0.00						
5		rest, dividends, and royalties.			\$0.00						
6		sion and retirement income.		dha basaabala	\$0.00						
		amounts paid by another person or entity, on a enses of the debtor or the debtor's dependents									
7		purpose. Do not include alimony or separate mai									
	paid	by the debtor's spouse. Each regular payment sh	ould be reported in	only one							
		mn; if a payment is listed in Column A, do not repo			\$450.00						
		mployment compensation. Enter the amount in									
8		vever, if you contend that unemployment compensa									
		use was a benefit under the Social Security Act, do pensation in Column A or B, but instead state the a									
	COIII	pensation in Column A of B, but instead state the a	below.								
	Un	employment compensation claimed to be a	Spouse								
	be	nefit under the Social Security Act	\$0.00								
		ome from all other sources. Specify source and									
	sour	ces on a separate page. Total and enter on Line 9	9. Do not include	alimony or							
	sepa	arate maintenance payments paid by your spou limony or separate maintenance. Do not includ	ise, but include all le any henefits rece	otner payments							
		Social Security Act or payments received as a victil									
9		anity, or as a victim of international or domestic ter		Ĭ							
		T		,							
	a.	Food stamps		\$668.00							
	b.										
		·	<u> </u>		\$668.00						

10	Subtotal. Add Lines 2 thru 9 in Column A, and, if Column B is completed, add Lines 2 through 9 in Column B. Enter the total(s).	\$2,606.26							
11	Total. If Column B has been completed, add Line 10, Column A to Line 10, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 10, Column A.								
	Part II. CALCULATION OF § 1325(b)(4) COMMITMENT PERIOD								
12	Enter the amount from Line 11.		\$2,606.26						
13	Marital adjustment. If you are married, but are not filing jointly with your spouse, AND if you contend that calculation of the commitment period under § 1325(b)(4) does not require inclusion of the income of your spouse, enter on Line 13 the amount of income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of you or your dependents and specify, in the lines below, the basis for excluding this income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero.								
	a.								
	b.								
	С.								
	Total and enter on Line 13.		\$0.00						
14	14 Subtract Line 13 from Line 12 and enter the result.								
15	Annualized current monthly income for § 1325(b)(4). Multiply the amount from Line 14 by the number 12 and enter the result.								
16									
	a. Enter debtor's state of residence: b. Enter debtor's household Application of § 1325(b)(4). Check the applicable box and proceed as directed.	d size: 4	\$67,296.00						
17	The amount on Line 15 is less than the amount on Line 16. Check the box for "The ap 3 years" at the top of page 1 of this statement and continue with this statement.	oplicable commitm	ent period is						
	The amount on Line 15 is not less than the amount on Line 16. Check the box for "The is 5 years" at the top of page 1 of this statement and continue with this statement.	ne applicable comr	nitment period						
	Part III. APPLICATION OF § 1325(b)(3) FOR DETERMINING DISPO	SABLE INCOM	1E						
18	Enter the amount from Line 11.		\$2,606.26						
19	Marital adjustment. If you are married, but are not filing jointly with your spouse, enter on Line 19 the total of any income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero.								
	b.								
	C.		***						
	Total and enter on Line 19.		\$0.00						

13-31248-hcm Doc#4 Filed 07/31/13 Entered 07/31/13 17:04:50 Main Document Pg 3 of 11

20	Current monthly income for § 1325(b)(3). Subtract Line 19 from Line 18 and enter the result.						
21	Annualized current monthly income for § 1325(b)(3). Multiply the amount from Line 20 by the number 12 and enter the result.						
22	Applicable median family income. Enter the amount from Line 16. \$67,296.00						
23	 Application of § 1325(b)(3). Check the applicable box and proceed as directed. ☐ The amount on Line 21 is more than the amount on Line 22. Check the box for "Disposable income is d under § 1325(b)(3)" at the top of page 1 of this statement and complete the remaining parts of this statement. ☑ The amount on Line 21 is not more than the amount on Line 22. Check the box for "Disposable income determined under § 1325(b)(3)" at the top of page 1 of this statement and complete Part VII of this statement. COMPLETE PARTS IV, V, OR VI. 	nt. e is not					

Part IV. CALCULATION OF DEDUCTIONS FROM INCOME							
Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)							
24A	National Standards: food, apparel and services, housekeeping supplies, personal care, and miscellaneous. Enter in Line 24A the "Total" amount from IRS National Standards for Allowable Living Expenses for the applicable number or persons. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.						
National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 24B.							
		sons under 65 years of age			sons 65 years of age or old	er	
	a1.	Allowance per person		a2.	Allowance per person		
	b1.	Number of persons		b2.	Number of persons		
	c1.	Subtotal		c2.	Subtotal		
Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.							

13-31248-hcm Doc#4 Filed 07/31/13 Entered 07/31/13 17:04:50 Main Document Pg 4 of 11

25B	Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 47; subtract Line b from Line a and enter the result in Line 25B. DO NOT ENTER AN AMOUNT LESS THAN ZERO.								
	a. IRS Housing and Utilities Standards; mortgage/rent expense								
	b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47							
	c.	Net mortgage/rental expense	Subtract Line b from Line a.						
26	Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 25A and 25B does not accurately compute the allowance to which you are entitled under the IRS Housing and								
	Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation.								
27A									
27B	If you you a "Pub	al Standards: transportation; additional public transportation expension pay the operating expenses for a vehicle and also use public transportation expension entitled to an additional deduction for your public transportation expension expension of transportation amount from IRS Local Standards: Transportation. (Toursdoj.gov/ust/ or from the clerk of the bankruptcy court.)	ation, and you contend that nses, enter on Line 27B the						

28	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 47; subtract Line b from Line a and enter the result in Line 28. DO NOT ENTER AN AMOUNT LESS THAN ZERO.						
	 a. IRS Transportation Standards, Ownership Costs b. Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47 						
	c. Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.					
29	Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 28. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Loc (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); er Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line a and enter the result in Line 29. DO NOT ENTER AN AMOUNT LESS	nter in Line b the total of the Line 47; subtract Line b from					
	a. IRS Transportation Standards, Ownership Costs						
	b. Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47						
	c. Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.					
30	Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self-employment taxes, social-security taxes, and Medicare taxes. DO NOT INCLUDE REAL ESTATE OR SALES TAXES.						
31	Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. DO NOT INCLUDE DISCRETIONARY AMOUNTS, SUCH AS VOLUNTARY 401(K) CONTRIBUTIONS.						
32	Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. DO NOT INCLUDE PREMIUMS FOR INSURANCE ON YOUR DEPENDENTS, FOR WHOLE LIFE OR FOR ANY OTHER FORM OF INSURANCE.						
33	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. DO NOT INCLUDE PAYMENTS ON PAST DUE OBLIGATIONS INCLUDED IN LINE 49.						
34	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.						
35	Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcaresuch as baby-sitting, day care, nursery and preschool. DO NOT INCLUDE OTHER EDUCATIONAL PAYMENTS.						
36	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 24B. DO NOT INCLUDE PAYMENTS FOR HEALTH INSURANCE OR HEALTH SAVINGS ACCOUNTS LISTED IN LINE 39.						
37	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone servicesuch as pagers, call waiting, caller id, special long distance, or internet serviceto the extent necessary for your health and welfare or that of your dependents. DO NOT INCLUDE ANY AMOUNT PREVIOUSLY DEDUCTED.						
38	Total Expenses Allowed under IRS Standards. Enter the total of Lines 24 through 37.						

	Subpart B: Additional Living Expense Note: Do not include any expenses that you have							
	Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.							
39	a. Health Insurance							
39	b. Disability Insurance							
	c. Health Savings Account							
	Total and enter on Line 39							
	IF YOU DO NOT ACTUALLY EXPEND THIS TOTAL AMOUNT, state your ac expenditures in the space below:	ctual total average monthly						
40	Continued contributions to the care of household or family members. Emonthly expenses that you will continue to pay for the reasonable and necest elderly, chronically ill, or disabled member of your household or member of yunable to pay for such expenses. DO NOT INCLUDE PAYMENTS LISTED I	ssary care and support of an our immediate family who is						
41	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.							
42	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. YOU MUST PROVIDE YOUR CASE TRUSTEE WITH DOCUMENTATION OF YOUR ACTUAL EXPENSES, AND YOU MUST DEMONSTRATE THAT THE ADDITIONAL AMOUNT CLAIMED IS REASONABLE AND NECESSARY.							
43	Education expenses for dependent children under 18. Enter the total average monthly expenses that you actually incur, not to exceed \$156.25 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. YOU MUST PROVIDE YOUR CASE TRUSTEE WITH DOCUMENTATION OF YOUR ACTUAL EXPENSES, AND YOU MUST EXPLAIN WHY THE AMOUNT CLAIMED IS REASONABLE AND NECESSARY AND NOT ALREADY ACCOUNTED FOR IN THE IRS STANDARDS.							
44	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) YOU MUST DEMONSTRATE THAT THE ADDITIONAL AMOUNT CLAIMED IS REASONABLE AND NECESSARY.							
45	Charitable contributions. Enter the amount reasonably necessary for you to expend each month on charitable contributions in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2). DO NOT INCLUDE ANY AMOUNT IN EXCESS OF 15% OF YOUR GROSS MONTHLY INCOME.							
46	Total Additional Expense Deductions under § 707(b). Enter the total of Li	ines 39 through 45.						

Subpart C: Deductions for Debt Payment										
47	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 47.									
	Name of Creditor Property Securing the Debt Average Monthly include taxes Payment a. yes no									
	b.					□yes □no				
					Add a, b and c					
48	Other payments on secured claims. If any of debts listed in Line 47 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 47, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.									
	a.	Name of Creditor	Property Securing the D	ebt	1/60th of th	ne Cure Amount				
	b.									
					Total: Add I	Lines a, b and c				
Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. DO NOT INCLUDE CURRENT OBLIGATIONS, SUCH AS THOSE SET OUT IN LINE 33.										
		pter 13 administrative expenses Iting administrative expense.	. Multiply the amount in Line a b	y the am	nount in Line	b, and enter the				
	a.	Projected average monthly chap	<u> </u>							
50	b. Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)									
	c. Average monthly administrative expense of chapter 13 case Total: Multiply Lines a and b									
Total Deductions for Debt Payment. Enter the total of Lines 47 through 50.										
Subpart D: Total Deductions from Income										
Total of all deductions from income. Enter the total of Lines 38, 46 and 51.										
Part V. DETERMINATION OF DISPOSABLE INCOME UNDER § 1325(b)(2)										
53	Tota	Il current monthly income. Ente				V , , , ,				
54	disal	port income. Enter the monthly a bility payments for a dependent chicable nonbankruptcy law, to the expendent of the expense	ild, reported in Part I, that you red	eived in	accordance	with				

13-31248-hcm Doc#4 Filed 07/31/13 Entered 07/31/13 17:04:50 Main Document Pg 8 of 11

Constitution of the second deductions. Future the recently total of (a) all amounts withhold by your ampleyor from								
55	Qualified retirement deductions. Enter the monthly total of (a) all amounts withheld by your employer from wages as contributions for qualified retirement plans, as specified in § 541(b)(7) and (b) all required repayments of loans from retirement plans, as specified in § 362(b)(19).							
56	Total of all deductions allowed under § 707(b)(2). Enter the amount from Line 52.							
Deduction for special circumstances. If there are special circumstances that justify additional expenses for which there is no reasonable alternative, describe the special circumstances and the resulting expenses in lines a-c below. If necessary, list additional entries on a separate page. Total the expenses and enter the total in Line 57. YOU MUST PROVIDE YOUR CASE TRUSTEE WITH DOCUMENTATION OF THESE EXPENSES AND YOU MUST PROVIDE A DETAILED EXPLANATION OF THE SPECIAL CIRCUMSTANCES THAT MAKE SUCH EXPENSES NECESSARY AND REASONABLE.								
	Nature of special circumstances	Amount of e	xpense					
	a.							
	b.							
	c.							
		Total: Add L	ines a, b, and c					
58	Total adjustments to determine disposable income. Add the	e amounts on Lines 54, 55, 56	6, and 57 and					
	enter the result.							
59	Monthly Disposable Income Under § 1325(b)(2). Subtract Lin	ne 58 from Line 53 and enter	the result.					
	Part VI: ADDITIONAL	EXPENSE CLAIMS						
	Other Expenses. List and describe any monthly expenses, not and welfare of you and your family and that you contend should under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources of monthly expense for each item. Total the expenses.	l be an additional deduction fr	om your current mo	nthly income				
60	Expense Description		Monthly A	mount				
00	a.							
	b.							
	c.							
	Total: Add Lines a, b, and c							
	Part VII: VER	IFICATION						
I declare under penalty of perjury that the information provided in this statement is true and correct. (If this is a joint case, both debtors must sign.)								
61	Date: 7/30/2013 Signature:	/s/ Patricia Talamantes Patricia Talamantes						
	Date: Signature:	(Joint Debto	r, if any)					

Current Monthly Income Calculation Details

In re: Patricia Talamantes

Case Number:
Chapter: 13

2. Gross wages, salary, tips, bonuses, overtime commissions.

6 5 4 3 2 Last Avg. Months Months Months Months Months Month Per Ago Ago Ago Ago Ago Ago Month	Debtor or Spouse's Income	Description (Description (if available)					
						l _		Per

<u>Debtor</u> <u>Compturadora</u>

\$1,488.26 \$1,488.26 \$1,488.26 \$1,488.26 \$1,488.26 **\$1**,488.26

Regular contributions to the household expenses of the debtor or the debtor's dependents, including child or spousal support.

Debtor or Spouse's Income	Description (Description (if available)					
	6 Months Ago	5 Months Ago	4 Months Ago	3 Months Ago	2 Months Ago	Last Month	Avg. Per Month
Debtor Child support					•		

\$450.00 \$450.00 \$450.00 \$450.00 \$450.00 **\$450.00**

9. Income from all other sources.

Debtor or Spouse's Income	Description (if available)						
	6	5	4	3	2	Last	Avg.
	Months	Months	Months	Months	Months	Month	Per
	Ago	Ago	Ago	Ago	Ago		Month
					1		-

Debtor Food stamps

\$668.00 \$668.00 \$668.00 \$668.00 \$668.00 **\$668.00**

13-31248-hcm Doc#4 Filed 07/31/13 Entered 07/31/13 17:04:50 Main Document Pg 10 of

Underlying Allowances

In re: Patricia Talamantes

Case Number: Chapter: 13

Median Income Information		
State of Residence	Texas	
Household Size	4	
Median Income per Census Bureau Data	\$67,296.00	

National Standards: Food, Clothing, Household Supplies, Personal Care, and Miscellaneous		
Region	US	
Family Size	4	
Gross Monthly Income	\$2,606.26	
Income Level	Not Applicable	
Food	\$777.00	
Housekeeping Supplies	\$74.00	
Apparel and Services	\$244.00	
Personal Care Products and Services	\$70.00	
Miscellaneous	\$300.00	
Additional Allowance for Family Size Greater Than 4	\$0.00	
Total	\$1,465.00	

National Standards: Health Care (only applies to cases filed on or after 1/1/08)		
Household members under 65 years of age		
Allowance per member	\$60.00	
Number of members	0	
Subtotal	\$0.00	
Household members 65 years of age or older		
Allowance per member	\$144.00	
Number of members	0	
Subtotal	\$0.00	
Total	\$0.00	

Local Standards: Housing and Utilities		
State Name	Texas	
County or City Name	El Paso County	
Family Size	Family of 4	
Non-Mortgage Expenses	\$543.00	
Mortgage/Rent Expense Allowance	\$1,013.00	
Minus Average Monthly Payment for Debts Secured by Home	\$1,006.00	
Equals Net Mortgage/Rental Expense	\$7.00	
Housing and Utilities Adjustment	\$0.00	

13-31248-hcm Doc#4 Filed 07/31/13 Entered 07/31/13 17:04:50 Main Document Pg 11 of

Underlying Allowances

In re: Patricia Talamantes

Case Number: Chapter: 13

Local Standards: Transportation; Vehicle Operation/Public Transportation					
Transportation Region		South Region	South Region		
Number of Vehicles Operated		1	1		
Allowance		\$244.00	\$244.00		
Loc	al Standards: Transportation	; Additional Publi	c Transportation Expense		
Transportation Region		South Region	South Region		
Allowance (if entitled)		\$182.00	\$182.00		
Amount Claimed	\$0.00				
	Local Standards: Transp	ortation; Ownersh	nip/Lease Expense		
Transportation Region		South Region	South Region		
Number of Vehicles with Ownership/Lease Expense		0	0		
	First Car	•	Second Car		
Allowance					
Minus Average Monthly Payment for Debts Secured by Vehicle					
Equals Net Ownership / Lease Expense					